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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/675,235 TITLE OF INVENTION ACCORDING TO USER	09/30/2003 : INTERNET DELIVER : AUTHENTICATION	RY SYSTEM DELIVERI AND TYPE OF USER	Jeffrey Raymond Reihl NG ELECTRONIC INFOI	RMATION PRODUC	73715-331389 TS TO A PLURALITY C	9832 OF USERS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0	\$1510	05/10/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
LY, CHEYNE D		2168	707-783000				
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Thomson Health	ondence address (or Cha. /122) attached. cation (or "Fee Address' 2 or more recent) attach ND RESIDENCE DATA ess an assignce is identi in 37 CFR 3.11. Comp NEE care Inc.	nge of Correspondence Indication form ed. Use of a Customer A TO BE PRINTED ON 1 fied below, no assignee eletion of this form is NO	(B) RESIDENCE: (CITY Ann Arbor, Michig	3 registered patent a ely, e firm (having as a megent) and the names on agents. If no orinted. e) tent. If an assignee ssignment. and STATE OR COU	ember a 2 of up to name is 3 is identified below, the d	ocument has been filed for	
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